

**PATENT** 450117-02753

# D STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Jens WILDHAGEN

Serial No.

09/691,337

For

METHOD AND DEVICE TO RETRIEVE RDS

**INFORMATION** 

Filed

October 18, 2000

Examiner

Minsun Oh Harvey

Art Unit

2644

RECEIVED

Technology Center 2600.

745 Fifth Avenue New York, NY 10151

# **EXPRESS MAIL**

Mailing Label Number:

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Date of Deposit:

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I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

# **AMENDMENT**

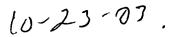
**Commissioner for Patents** P.O. Box 1450, Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 22, 2003, please amend the above-identified

application as follows:





**PATENT** 450117-02753

# Technology Center 2600

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Jens WILDHAGEN

09/691,337

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2644

745 Fifth Avenue New York, NY 10151

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

# Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) / Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	32	Minus	** =20	* 12 x	\$18 (9)	= \$ 216.00
Independent claims	7	Minus	*** =3	* 4 x	\$86 (43)	= \$ 344.00
		Total additional fee for this amendment				\$ 560.00

- If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- If the highest number of total claims previously paid for is less than 20, write "20" in this space.
- If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

╙	This application contains a multiple dependent claim.	The required fee of \$290(145) has been previously paid [], or is	paid
	herewith .		

- This response is being filed within the second month following the expiration of the term originally set therefor. This is a petition to request a two-month extension of time. A check covering the cost of the petition is enclosed.
- ☐ Checks in the amount of \$420.00 and \$560.00 are attached, which cover the cost of ☐ additional claims ☐ petition for extension of time.

Charge \$\_\_\_\_ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP

Attorneys for Applicant

Ву:

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Tel: 212-588-0800

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10/27/2003 RNABI1